

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **BASE HOSPITAL CONTACT
AND TRANSPORT CRITERIA**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 808

PURPOSE: To identify the signs, symptoms, chief complaints, or special circumstances of patients for whom base hospital contact is required for medical direction and/or patient destination. This policy delineates when transport to an appropriate and approved facility is indicated.

AUTHORITY: California Health and Safety Code, Division 2.5, Section 1798 et seq.,
California Code of Regulations, Title 22, Section 100169
California Welfare and Institution Code, Section 5008(h)(1)

PRINCIPLES:

1. Paramedics should contact their assigned base hospital.
2. In situations not described in this policy, paramedics and EMTs should exercise their clinical judgment as to whether ALS intervention, base hospital contact and/or transport is anticipated or indicated.
3. Children \leq 36 months of age require base hospital contact and/or transport in accordance with this policy.
4. When base hospital contact and/or transport are not performed in accordance with this policy, appropriate explanation and documentation shall be recorded on the EMS Report Form. **This does not apply to patients \leq 36 months of age.**
5. Circumstances may dictate that transport be undertaken immediately with attempts to contact the base hospital enroute.
6. In situations where EMTs arrive on scene prior to the paramedics, EMTs shall not cancel the paramedic response if a patient meets any criteria outlined in Section I of this policy. An ALS unit shall be requested if one has not been dispatched, unless Principle 7 applies.
7. In life-threatening situations in which the estimated time of arrival (ETA) of the paramedics exceeds the ETA to the most accessible receiving facility (MAR), EMTs should exercise their clinical judgment as to whether it is in the patient's best interest to be transported prior to the arrival of paramedics. EMTs shall make every effort to notify the MAR via the VMED28, telephone, dispatch, or other appropriate means of communication when exercising this principle.
8. Paramedics shall contact their designated receiving trauma center on all injured patients meeting trauma triage criteria and/or guidelines or if, in the paramedics' judgment, it is in the patient's best interest to be transported to a trauma center. When the receiving


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APPROVED: _____


Director, EMS Agency


Medical Director, EMS Agency

trauma center is not a base hospital (only applies to Children's Hospital Los Angeles), paramedics shall contact their assigned base hospital.

9. A paramedic team may transfer care of a patient to an EMT team in cases where, in the paramedics' judgement, the patient does not require ALS level care. If the patient's condition meets base hospital contact criteria, the base hospital must approve the EMT transport.

POLICY:

- I. Paramedics shall make base hospital contact for medical direction and/or patient destination on all patients meeting one or more of the following criteria:
- A. Anaphylaxis
 - B. Signs or symptoms of shock
 - C. Cardiopulmonary arrest (excluding patients defined in Ref. Nos. 814 and 815)
 - D. Chest pain or discomfort
 - E. Shortness of breath and/or tachypnea
 - F. Pediatric Medical Care (PMC) guidelines as defined in Ref. No. 510
 - G. Situations involving five or more patients who require transport (Contacting the Medical Alert Center constitutes base hospital contact)
 - H. Altered level of consciousness as defined in the Medical Control Guidelines
 - I. Suspected ingestion of potentially poisonous substances
 - J. Exposure to hazardous materials with a medical complaint
 - K. Abdominal pain in a pregnant or in a suspected pregnant patient greater than or equal to 20 weeks gestation
 - L. Hypertension (blood pressure 140/90 mmHg or greater) in pregnant patient greater than or equal to 20 weeks gestation or post-partum patient (up to 6 weeks)
 - M. Childbirth or signs of labor
 - N. Suspected femur fracture
 - O. Facial, neck, electrical, or extensive burns:
 - 1. 20% or greater BSA in adults
 - 2. 15% or greater BSA in children

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- 3. 10% or greater BSA in infants
 - P. Trauma Triage Criteria and Guidelines as defined in Ref. No. 506
 - Q. Traumatic Crush Syndrome
 - R. Syncope or loss of consciousness, or acute neurological symptoms (suspected signs and symptoms of stroke) prior to or upon EMS personnel arrival.
 - S. A patient meeting any criteria in Section I who refuses transport against medical advice (AMA). Base contact is required prior to the patient leaving the scene.
- II. EMT or paramedic personnel shall transport all patients meeting one or more of the following criteria:
- A. Abdominal pain
 - B. Suspected isolated fracture of the hip
 - C. Abnormal vaginal bleeding
 - D. Suspected allergic reaction
 - E. Asymptomatic exposure to hazardous material known to have delayed symptoms
 - G. Gastrointestinal bleeding
 - H. Near drowning
 - I. Patients who are gravely disabled or a danger to themselves or others.
- III. Prehospital personnel shall manage pediatric patients \leq 36 months of age as follows:
- A. All children \leq twelve (12) months of age shall be transported, regardless of chief complaint and/or mechanism of injury **unless** the child meets the criteria outlined in Reference No. 814, Determination/Pronouncement of Death in the Field, e.g., rigor mortis, post-mortem lividity, evisceration of the heart, lung or brain, etc.
 - B. All children thirteen (13) months to thirty-six (36) months of age require base hospital contact and/or transport, except in isolated minor extremity injury.
 - C. If a parent or legal guardian refuses transport (AMA), base contact is required prior to the patient leaving the scene.
- IV. Paramedics utilizing Standing Field Treatment Protocols (SFTPs) shall make base hospital contact for medical direction and/or patient destination on all patients meeting one or more of the following criteria:
- A. If indicated in the SFTPs
 - B. For any criteria listed in Section I of this policy that is not addressed by SFTPs

- C. Anytime consultation with the base hospital is indicated

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 411, **Provider Agency Medical Director**
Ref. No. 502, **Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 515, **Air Ambulance Trauma Transport**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 802, **Emergency Medical Technician Scope of Practice**
Ref. No. 813, **Standing Field Treatment Protocols**
Ref. No. 814, **Determination/Pronouncement of Death in the Field**
Ref. No. 815, **Honoring Prehospital DNR Orders**
Ref. No. 816, **Physician at Scene**
Ref. No. 832, **Treatment/Transport of Minors**
Ref. No. 834, **Patient Refusal of Treatment or Transport**

Medical Control Guidelines